

School Health Profiles

2006 Summary

**Characteristics of Health Programs Among Secondary Schools
in Montana and the United States**

**Profiles Program
Health Enhancement and Safety Division**

June 2008



Montana Office of Public Instruction • Linda McCulloch, Superintendent • www.opi.mt.gov

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Introduction

The School Health Profiles (Profiles) helps state and local education agencies monitor and assess characteristics of and trends in school health education; physical education; health services; school health policies related to human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) prevention, tobacco-use prevention, violence prevention, physical activity, and competitive foods (foods and beverages sold outside of the U.S. Department of Agriculture [USDA] school meal programs); and family and community involvement in school health programs. The Montana Office of Public Instruction, through a grant funded by the Centers for Disease Control and Prevention (CDC), has conducted the Profiles biennially since 1996 and includes state and local surveys of principals and lead health education teachers in middle schools and high schools.

The broad focus of Profiles provides some information on five of the eight components of a coordinated school health program (CSHP):

- Health education,
- Physical education,
- Health services,
- Healthy and safe school environment, and
- Family and community involvement.

This report summarizes 2006 Profiles data for Montana and the 36 states with weighted data. Montana Profiles data is available at <http://www.opi.mt.gov/shp> and the full 2006 Profiles Report from the CDC is available at <http://www.cdc.gov/HealthyYouth/profiles/index.htm>.

Methods

Sampling – Profiles employs random, systematic, equal-probability sampling strategies to produce representative samples of schools that serve students in grades 6 through 12. In most states, the sampling frame consists of all regular secondary public schools with one or more of grades 6 through 12. In 2006, 19 education and health agencies, including Montana, modified this procedure and invited all secondary schools, rather than just a sample, to participate.

Data Collection – The data are collected via a principal and lead health education teacher questionnaire. Participation in the survey is confidential and voluntary.

Data Analysis – The data from states and cities that had response rates of 70% or greater and appropriate documentation (separately for the principal and teacher surveys) were weighted. This report represents information from the 34 states with weighted data from both principal and lead health education teacher surveys and 2 states with weighted data from the principal survey only.

HEALTH EDUCATION

REQUIRED HEALTH EDUCATION

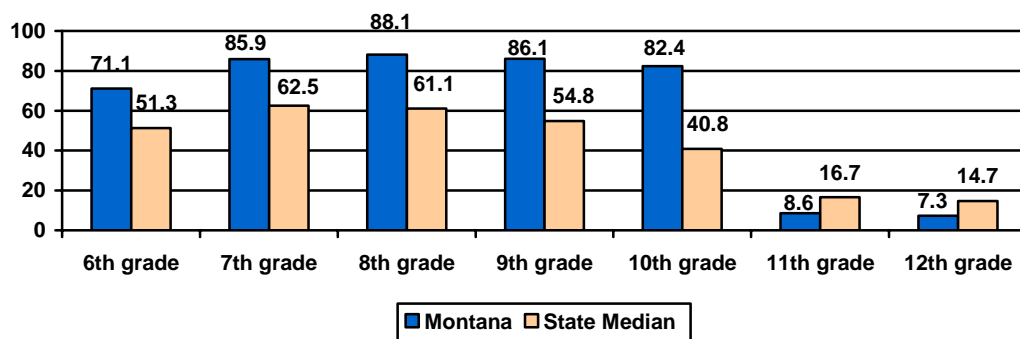
Required health education is defined on the Profiles questionnaire as instruction about health topics that students must receive for graduation or promotion from school. Many schools require health education for students in grades 6 through 12. The percentage of Montana schools that required health education for students in any of grades 6 through 12 was 98.6%, slightly higher than the state median of 91.5%.

Table 1. Percentage of All Schools That Required Health Education in Any of Grades 6-12, the Percentage that Required Students to Take Only One Course or Two or More Courses, and Among Schools That Required Health Education, the Percentage that Taught Required Health Education in a Combined Course or in Another Course and the Percentage That Required Students Who Fail a Required Health Education Course to Repeat It. School Health Profiles, Principal Surveys, 2006

Percentage of schools that . . .	Montana	State Median
Required health education	98.6	91.5
Required only one health education course	15.5	39.4
Required two or more health education courses	79.3	43.0
Taught required health education in a combined health education and physical education course	93.9	63.1
Taught required health education in a course mainly about another subject*	24.5	19.6
Required students who fail a required health education course to repeat it	63.5	55.4

* e.g., science, social studies, home economics, or English.

Figure 1. Percentage of all schools that taught a required health education course in each grade. School Health Profiles, Principals Surveys, 2006.



MATERIALS USED IN REQUIRED HEALTH EDUCATION COURSES

Many schools required that teachers use specific materials in a required health education course. The percentage of schools that required use of specific materials ranged as follows:

- **The National Health Education Standards:** from 24.7% to 76.9% across states.
- **Any state-, district-, or school-developed curriculum:** from 36.3% to 95.9% across states.
- **A commercially developed curriculum:** from 15.0% to 43.9% across states.
- **A commercially developed student textbook:** from 17.6% to 80.7% across states.
- **A commercially developed teacher's guide:** from 15.8% to 71.0% across states.
- **Health Education performance assessment materials:** from 23.0% to 70.5% across states.
- **Materials from health organizations** such as the American Health Association or the American Cancer Society: from 14.5% to 45.6% across states.

Table 2. Percentage of All Schools That Required Teachers to Use Specific Materials in a Required Health Education Course. School Health Profiles, Health Education Teacher Surveys, 2006.

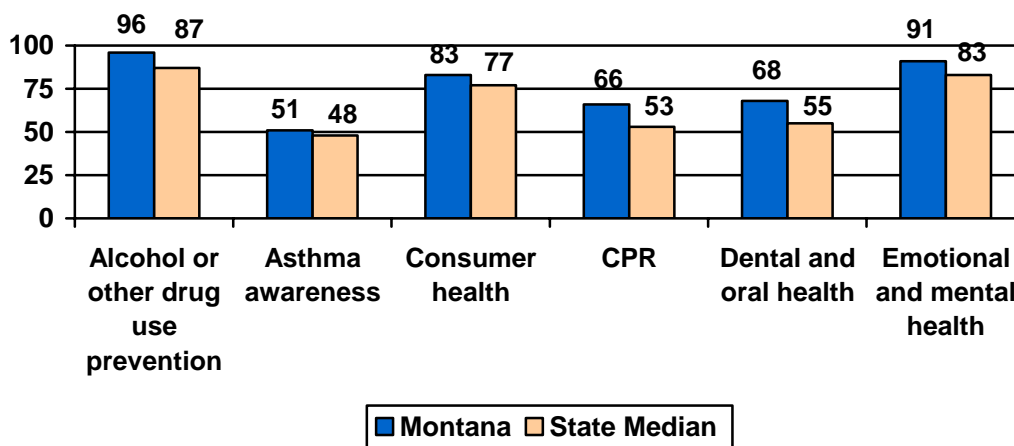
Percentage of schools that required. . .	Montana	State Median
National Health Education Standards	57.6	44.1
State-, district-, or school-developed curriculum	86.5	75.3
Commercially developed curriculum	26.6	22.9
Commercially developed student textbook	43.4	43.5
Commercially developed teacher's guide	38.4	37.1
Health education performance assessment materials	42.6	36.3
Materials from health organizations	38.2	30.3

CONTENT OF REQUIRED HEALTH EDUCATION COURSES

Required health education courses aim to increase student knowledge about a variety of health related topics. The percentage of all schools that tried to increase student knowledge on specific health-related topics in a required health education course during the 2005-2006 school year ranged as follows:

- **Alcohol- or other drug-use prevention:** from 43.9% to 99.0% across states.
- **Asthma awareness:** from 25.3% to 71.6% across states.
- **Consumer health**, such as choosing sources of health-related information, products, and services wisely: from 34.8% to 95.5% across states.
- **Cardiopulmonary resuscitation (CPR):** from 23.6% to 78.6% across states.
- **Dental and oral health:** from 34.1% to 87.4% across states.
- **Emotional and mental health:** from 40.9% to 98.4% across states.

Figure 2a. Percentage of schools that provide content on the following topic in a required health education course:

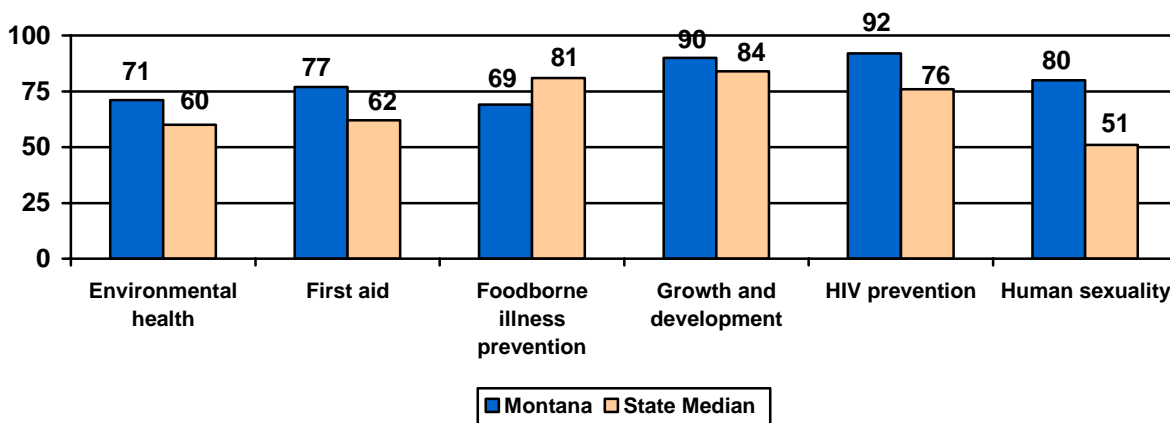


CONTENT OF REQUIRED HEALTH EDUCATION COURSES

Contents of a required health education course, state ranges:

- **Environmental health**, such as how air and water quality can affect health: from 33.5% to 83.2% across states.
- **First aid**: from 28.6% to 88.2% across states.
- **Foodborne illness prevention**: from 29.2% to 84.5% across states.
- **Growth and development**: from 40.3% to 96.5% across states.
- **HIV prevention**: from 35.6% to 99.3% across states.
- **Human sexuality**: from 28.9% to 96.9% across states.

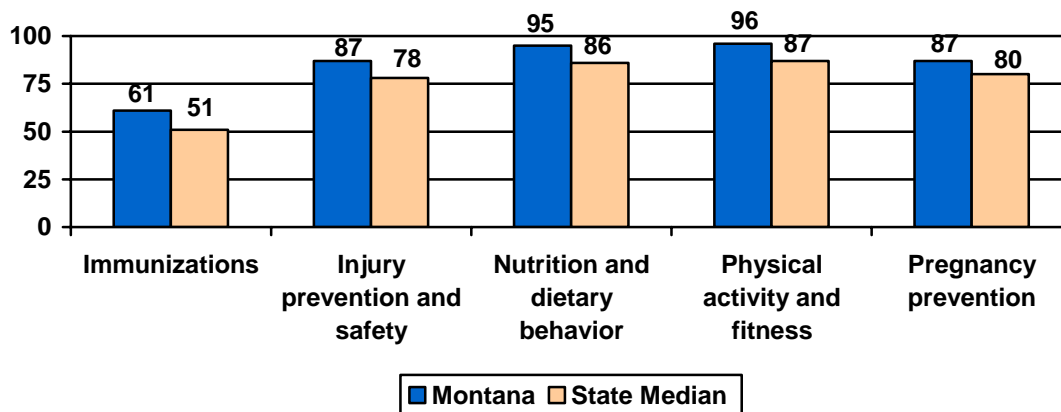
Figure 2b. Percentage of schools that provide content on the following topic in a required health education course:



Contents of a required health education course, state ranges:

- **Immunizations**: from 24.1% to 79.4% across states.
- **Injury prevention and safety**: from 35.0% to 93.9% across states.
- **Nutrition and dietary behavior**: from 43.1% to 98.6% across states.
- **Physical activity and fitness**: from 44.0% to 98.9% across states.
- **Pregnancy prevention**: from 29.6% to 99.3% across states.

Figure 2c. Percentage of schools that provide content in the following topic in a required health education course:

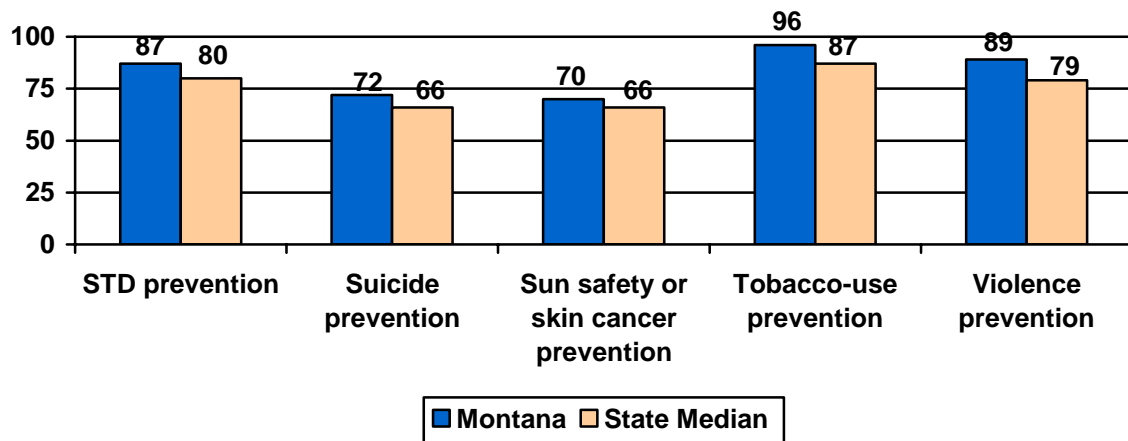


CONTENT OF REQUIRED HEALTH EDUCATION COURSES

Contents of a required health education course, state ranges:

- **STD prevention:** from 30.8% to 98.9% across states.
- **Suicide prevention:** from 32.6% to 89.5% across states.
- **Sun safety or skin cancer prevention:** from 37.3% to 85.7% across states.
- **Tobacco-use prevention:** from 42.9% to 99.0% across states.
- **Violence prevention, such as bullying, fighting, or homicide:** from 39.7% to 95.3% across states.

Figure 2d. Percentage of schools that provide content in the following topic in a required health education course:



STUDENT SKILLS

Required health education courses also aim to improve student skills for adopting, practicing, and maintaining healthy behaviors.

Table 3. Percentage of all schools that tried to improve specific student skills in a required health education course.

Skill Area for Healthy Behaviors	Montana	State Median
Finding valid information or services related to personal health and wellness	81.4	79.2
Influence of media on personal health and wellness	86.9	80.6
Communication skills	82.0	77.2
Decision-making skills	79.8	77.9
Goal-setting skills	92.4	81.5
Conflict resolution skills	87.4	79.7
Resisting peer pressure to engage in unhealthy behaviors	95.0	86.0

TOBACCO-USE PREVENTION TOPICS

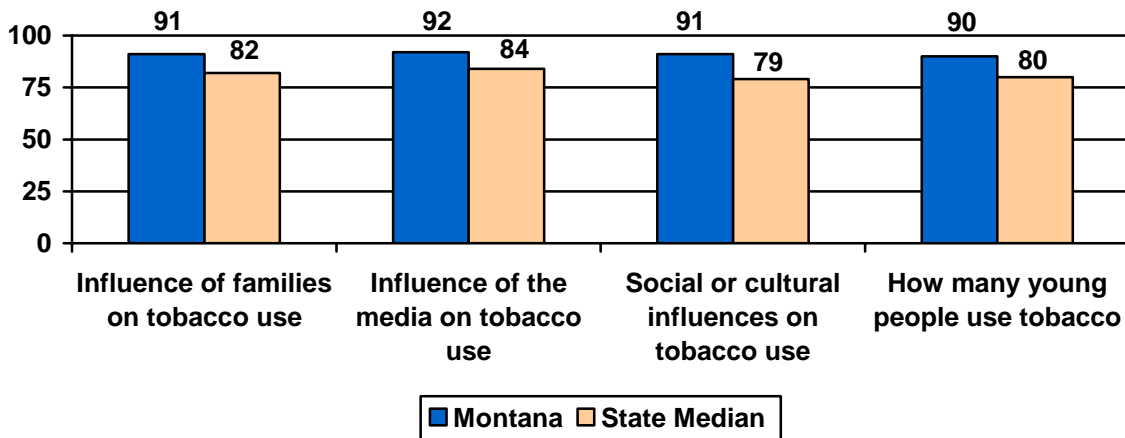
Tobacco-use prevention topics taught in a required health education course included health outcomes and risks of tobacco use, external influences on tobacco use, and skills to avoid and to stop using tobacco.

Table 4. The percentage of all schools that taught about health outcomes and risks of tobacco use in a required health education course during the 2005-2006 school year ranged as follows:

Tobacco Risks – The percentage of schools that taught about . . .	Montana	State Median	State Ranges
Addictive effects of nicotine	93.8	85.6	40.8 – 99.0
Benefits of not smoking cigarettes	94.5	85.9	42.0 – 98.7
Benefits of not using smokeless tobacco	92.4	81.4	37.6 – 98.3
Short- and long-term health consequences of cigarette smoking	93.8	86.2	41.3 – 99.0
Short- and long-term health consequences of using smokeless tobacco	93.8	83.3	38.5 – 98.3
Health effects of ETS or second-hand smoke	93.0	84.2	40.2 – 98.3
Short- and long-term health consequences of cigar smoking	79.0	71.7	35.9 – 91.0

TOBACCO USE PREVENTION – EXTERNAL INFLUENCES

Figure 3. Percentage of all schools that taught about:



TOBACCO USE PREVENTION – SKILLS TAUGHT

Tobacco-use prevention education includes skills to avoid and to stop using tobacco. According to the 2006 Profiles:

- **93.2%** of Montana schools taught skills about **resisting peer pressure to use tobacco** (state median: 83.7%)
- **75.8%** of Montana schools taught about **making a personal commitment not to use tobacco** (state median: 64.1%)
- **87.0%** of Montana schools taught **how students can influence or support others to prevent tobacco use** (state median: 77.8%)
- **77.7%** of Montana schools taught **how to find valid information or services related to tobacco-use prevention** (state median: 69.3%)
- **86.8%** of Montana schools taught skills regarding **how students can influence or support others in efforts to quit using tobacco** (state median: 75.3%)

Clearly, schools in Montana are making efforts to provide tobacco-use prevention education at rates that rank near the top of all states surveyed.

Policies prohibiting tobacco use at school can help prevent tobacco use among students. In Montana, 100% of schools had a policy prohibiting tobacco use (state median: 98.9%). In Montana, 53.8% of schools had policy that prohibited the use of all tobacco, including cigarettes, smokeless tobacco (i.e., chewing tobacco, snuff, or dip), cigars, and pipes, by students, faculty and staff, and visitors, in school buildings, outside on school grounds (including parking lots and playing fields), on school buses or other vehicles used to transport students, and at off-campus, school-sponsored events (state median: 53.8%).

Table 5. Among schools with a policy prohibiting tobacco use, the percentage of schools that sometimes, almost always, or always took specific actions when students were caught smoking cigarettes is as follows:

Action taken when caught smoking	Montana	State Median	State Ranges
Informed parents or guardians	100.0	98.3	93.2-100.0
Referred to a school counselor	83.0	76.9	57.1 – 92.1
Referred to a school administrator	100.0	97.9	92.6-100.0
Encouraged to participate in an assistance, education, or cessation program	68.4	60.2	30.3 – 81.2
Required to participate in an assistance, education, or cessation program	48.4	32.7	10.3 – 70.4
Referred to legal authorities	83.9	58.0	15.4 – 97.2
Placed in detention	70.8	62.7	50.9 – 84.4

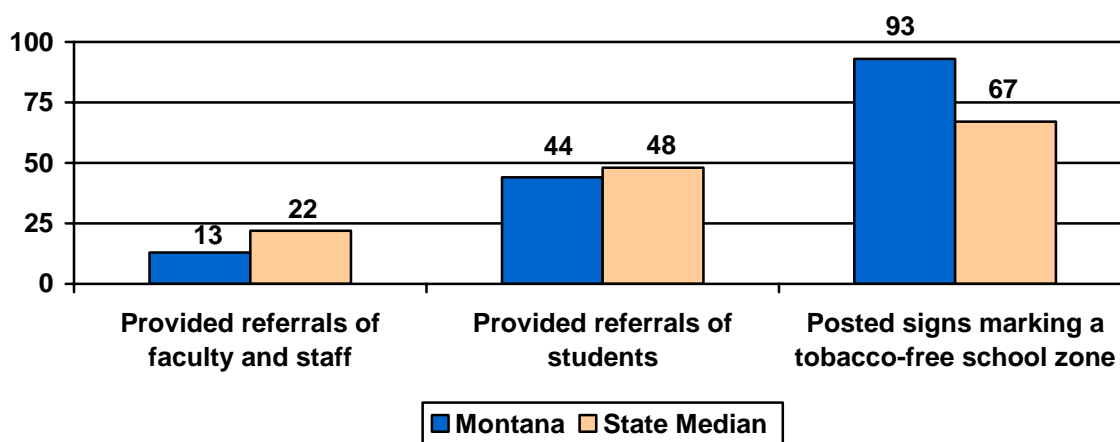
TOBACCO USE PREVENTION – SKILLS TAUGHT, CONTINUED

Table 6. Among schools with a policy prohibiting tobacco use, the percentage of schools that sometimes, almost always, or always took specific actions when students were caught smoking cigarettes is as follows:

Action taken when caught smoking	Montana	State Median	State Ranges
Given in-school suspension	71.7	69.0	54.7 – 89.7
Not allowed to participate in extra-curricular activities or interscholastic sports	92.3	74.4	49.9 – 97.7
Suspended from school	78.1	75.4	53.2 – 89.0
Expelled from school	9.2	8.3	0.0 – 18.9
Reassigned to an alternative school	2.7	7.3	0.0 – 37.7

In Montana, 89.3% of Montana schools **prohibit all tobacco advertising**, that is, in the school building, on school grounds, on school buses, or other vehicles, in school publications, through sponsorship of school events, and on tobacco brand-name apparel or merchandise (state median: 56.7%).

Figure 4. The percentage of schools that provided referrals to tobacco cessation programs for specific groups and posted signs marking a tobacco-free zone is noted as follows:



PREGNANCY, HIV, OR STD PREVENTION TOPICS

Pregnancy, HIV, or STD prevention topics taught in a required health education course included HIV transmission and prevention, external influences on HIV-related risk behaviors and sexual behaviors, and skills to avoid HIV infection, STDs, and pregnancy.

Figure 5. The percentage of all schools that taught about HIV, STD or pregnancy prevention topics is as follows:

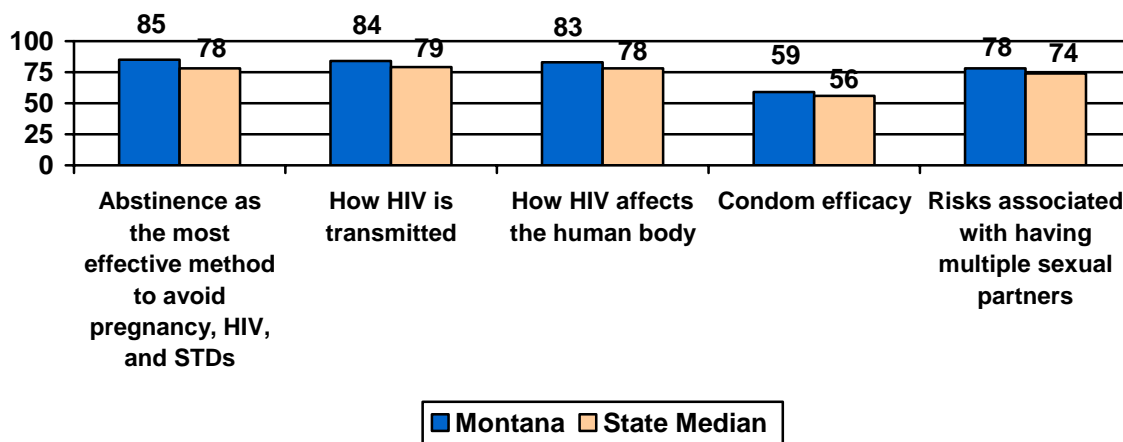
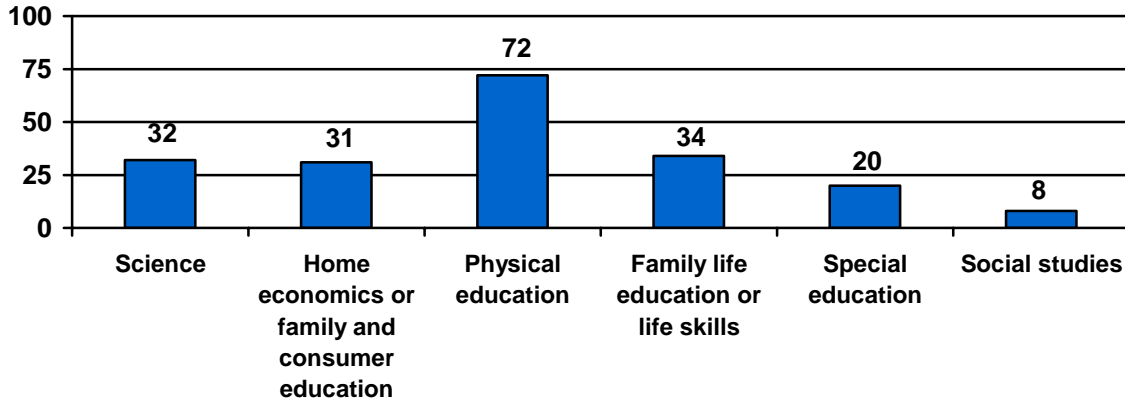


Table 7. The percentage of schools that taught about external influences on HIV-related risk behaviors and sexual behavior and skills to avoid HIV infection, STDs, and pregnancy in a required health education course during the 2005-2006 school year ranged as follows:

External Influence Taught	Montana	State Median	State Ranges
Influence of alcohol and other drugs on HIV-related risk behaviors	87.3	77.0	26.8 – 99.3
Social or cultural influences on sexual behavior	67.7	65.4	24.1 – 87.7
How to prevent HIV infection	84.4	78.2	27.6 – 98.9
How to find valid information or services related to HIV or HIV testing	75.3	64.1	22.9 – 91.9
How to correctly use a condom	29.2	24.3	1.0 – 59.1
Compassion for persons living with HIV or AIDS	71.2	65.5	23.3 – 91.6

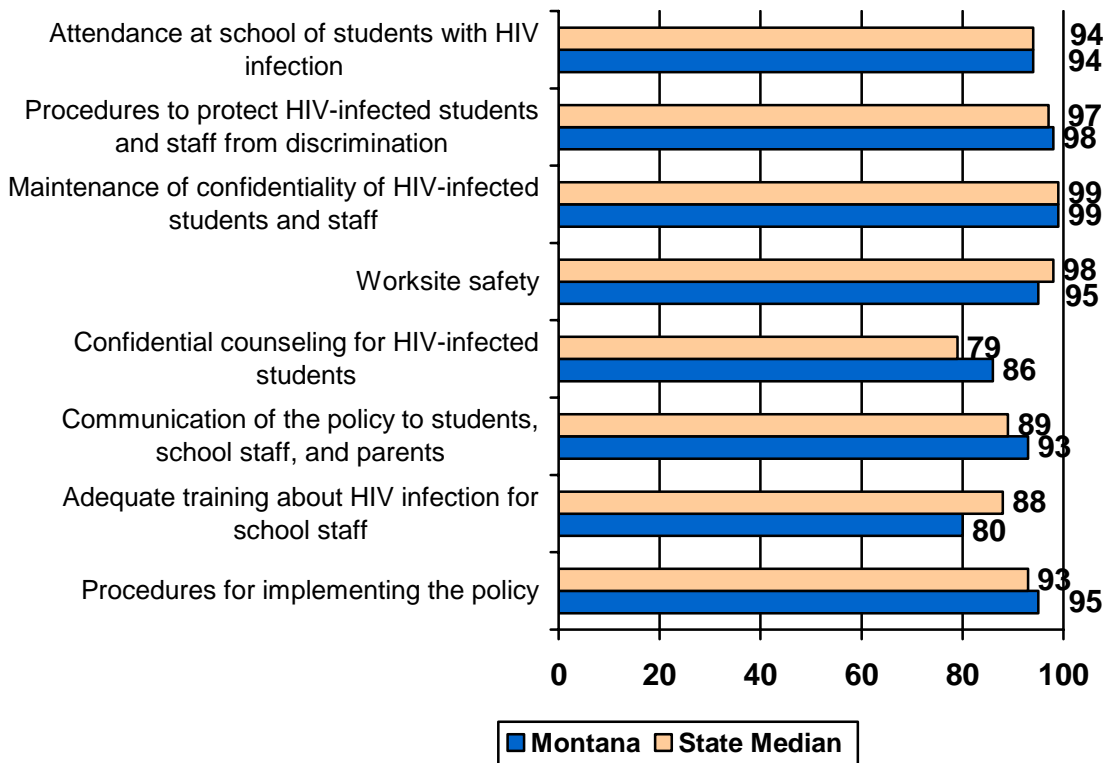
PREGNANCY, HIV, OR STD PREVENTION TOPICS, CONTINUED

Figure 6. Required HIV Prevention units or lessons may be taught not only in a required health education course, but also in a variety of other courses. The following chart diagrams the **percentage of Montana schools that provide HIV prevention education in courses other than health education.**



School policies can provide critical support for HIV infected students and staff. The percentage of Montana schools that had a policy on students and/or staff who have HIV is only 48.3% (state median: 51.6%).

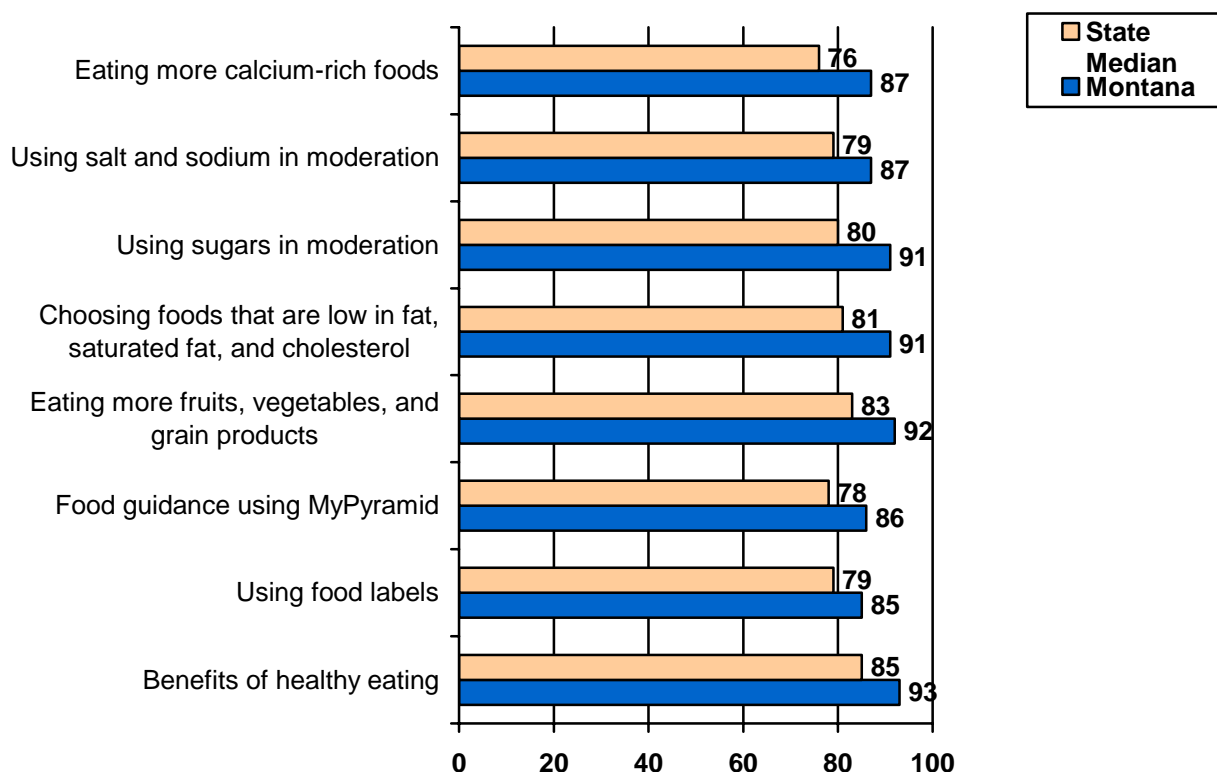
Figure 7. Among those schools that had a policy, the percentage whose policy addressed specific issues for students and/or staff with HIV infection or AIDS ranged as follows:



NUTRITION AND DIETARY BEHAVIOR TOPICS

Nutrition and dietary behavior topics taught in a required health education course included choosing healthful foods, food safety, and behaviors that contribute to maintaining a healthy weight.

Figure 8. The percentage of schools that taught about choosing healthful foods in a required health education course during the 2005-2006 school year follows:



In a required health education course, in Montana schools:

- 79.2% taught about food safety,
- 93.9% taught about balancing food intake and physical activity,
- 83.9% taught about preparing healthy meals and snacks,
- 92.5% taught about the risks of unhealthy weight control practices,
- 89.7% taught about accepting body size differences, and
- 92.0% taught about eating disorders.

PHYSICAL ACTIVITY TOPICS

Physical activity topics taught in a required health education course included the benefits of physical activity, guidance for engaging in physical activity, and the challenges to engaging in physical activity.

Table 8. The percentage of schools that taught the following topics included:

Physical Activity Topic	Montana	State Median	State Ranges
Physical, psychological, or social benefits	94.4	82.6	41.4 – 96.7
Health-related fitness	93.1	78.2	41.3 – 94.5
Difference between physical activity, exercise and fitness	88.3	73.3	36.8 – 90.8
Phases of a workout	93.2	72.4	36.8 – 93.2
How much physical activity is enough	88.1	73.3	35.1 – 92.2
Decreasing sedentary activities	90.9	77.2	40.2 – 93.6
Overcoming barriers to physical activity	81.4	67.4	32.6 – 84.2
Developing an individualized physical activity plan	70.6	60.4	29.1 – 79.6
Monitoring progress toward reaching goals	68.6	57.4	28.9 – 74.8
Opportunities for physical activity in the community	79.7	68.9	33.0 – 85.9
Preventing injury during physical activity	92.4	72.9	36.3 – 92.9
Weather-related safety	84.4	71.6	37.4 – 89.3
Dangers of using performance-enhancing drugs	89.0	78.9	34.3 – 96.3

TEACHING METHODS

Teachers used a variety of methods to facilitate the learning process.

Figure 9. The percentage of Montana schools that sometimes, almost always, or always used specific teaching methods are as follows:

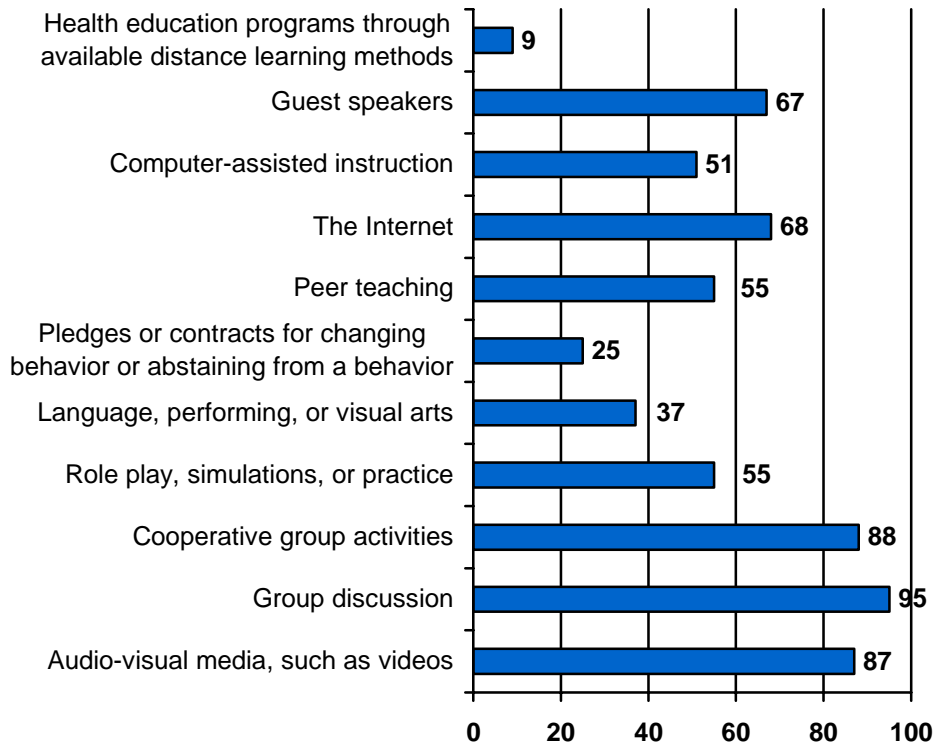
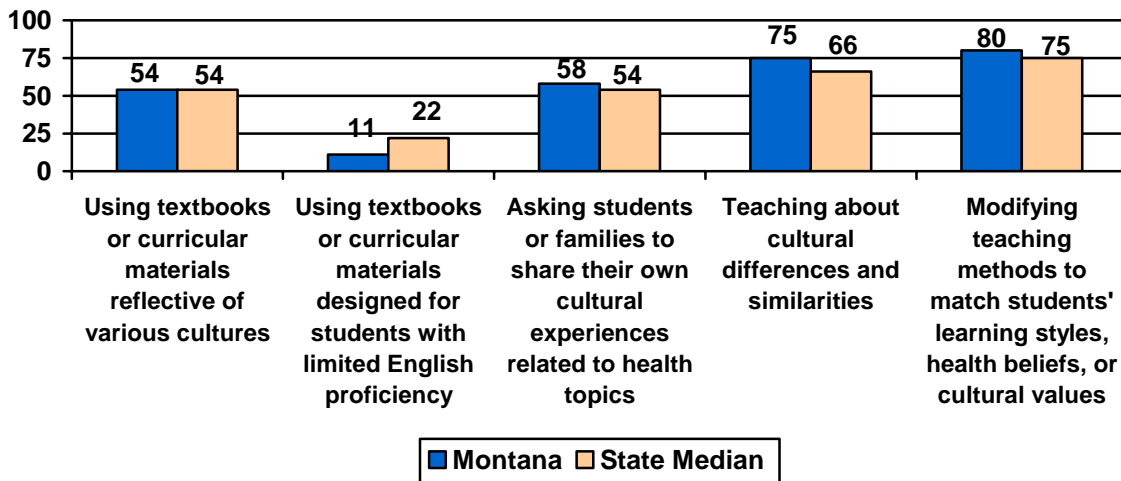


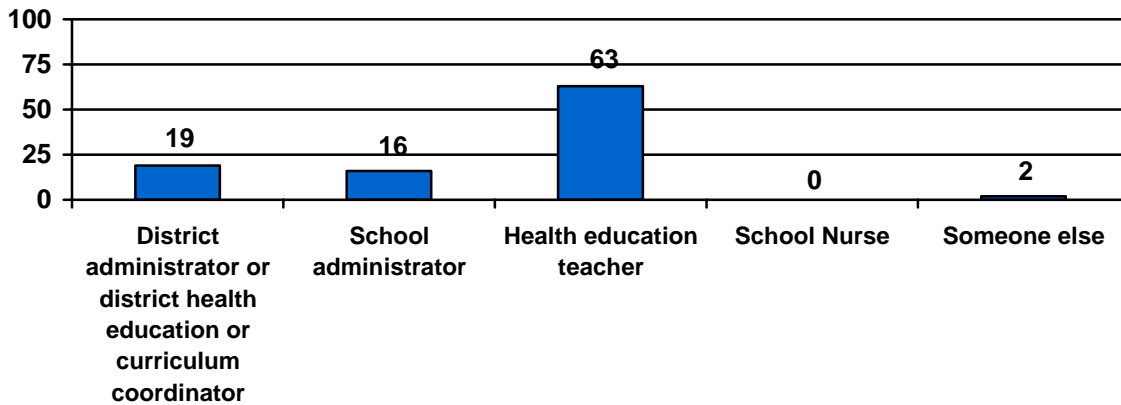
Figure 10. Percentage of schools that used specific methods to highlight diversity of the values of various cultures in a required health education course are as follows:



COORDINATION OF HEALTH EDUCATION

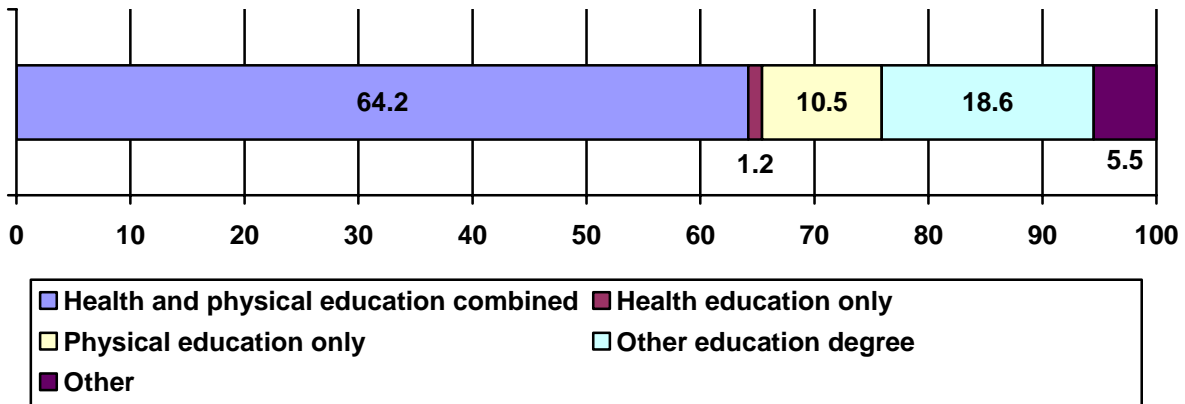
In Montana, 99.2% of schools have a health education coordinator who coordinates the selection of the curriculum, serves as a content expert for teachers, secures and manages resources, and advocates for school health activities.

Figure 13. Among Montana schools with a health education coordinator, the percentage of schools in which specific staff served as the health education coordinator is as follows:



PROFESSIONAL PREPARATION AND STAFF DEVELOPMENT

Figure 11. Percentage of Montana health educators by specific discipline:



PROFESSIONAL PREPARATION AND STAFF DEVELOPMENT

Figure 12. Percentage of schools in which the lead health education teacher taught health education classes or topics for the following number of years:

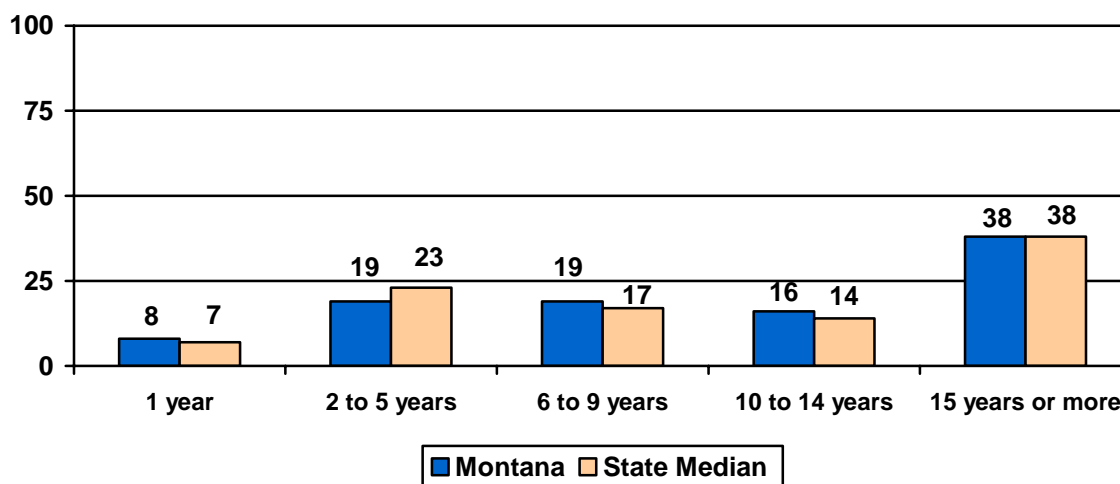


Table 9a. The percentage of schools where the health education teacher received staff development during the past two years on the following specific health topics:

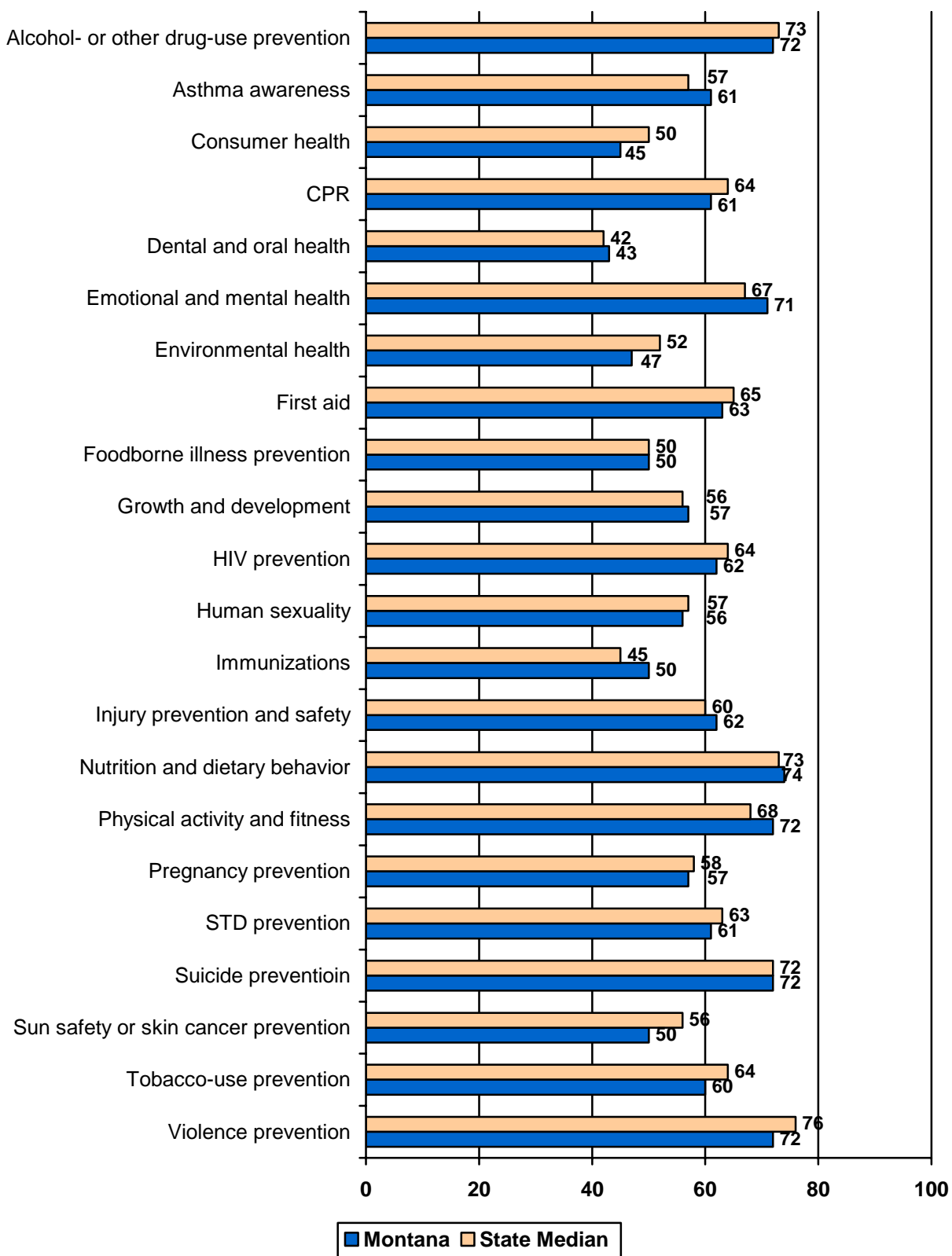
Health Topic	Montana	State Median
Alcohol- or other drug-use prevention	70.0	50.4
Asthma awareness	13.8	19.2
Consumer health	16.2	22.2
CPR	71.4	67.0
Dental and oral health	9.5	12.3
Emotional and mental health	38.9	35.6
Environmental health	13.4	14.2
First aid	72.2	56.7
Foodborne illness prevention	21.3	18.9
Growth and development	23.6	25.7
HIV prevention	44.8	43.7

PROFESSIONAL PREPARATION AND STAFF DEVELOPMENT, CONTINUED

Table 9b. The percentage of schools where the health education teacher received staff development during the past two years on the following specific health topics:

Health Topic	Montana	State Median
Human sexuality	27.1	31.6
Immunizations	13.5	16.6
Injury prevention and safety	47.9	39.9
Nutrition and dietary behavior	34.5	35.4
Physical activity and fitness	51.9	48.3
Pregnancy prevention	23.4	27.5
STD prevention	33.2	36.5
Suicide prevention	30.7	25.5
Sun safety or skin cancer prevention	10.3	13.4
Tobacco-use prevention	39.4	34.6
Violence prevention	58.6	52.3

Figure 13. The percentage of schools in which the lead health education teacher wanted to receive staff development on specific health topics is as follows:



PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

Physical education is defined on the Profiles questionnaire as instruction that helps students develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and maintain a physically active lifestyle. Many schools required physical education for students in grades 6 through 12. The percentage of Montana schools that required physical education from students in grades 6 through 12 was 99.3%, compared with the state median of 97.3%.

Figure 14. Percentage of All Schools That Taught a Required Health Education Course in Each Grade. School Health Profiles, Principals Surveys, 2006.

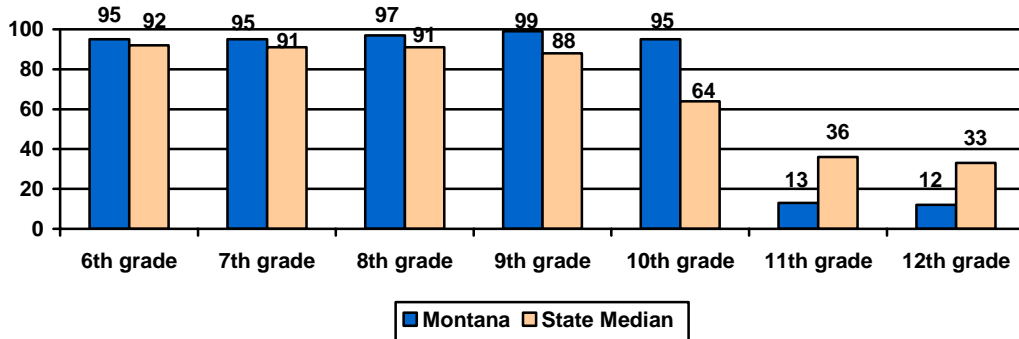
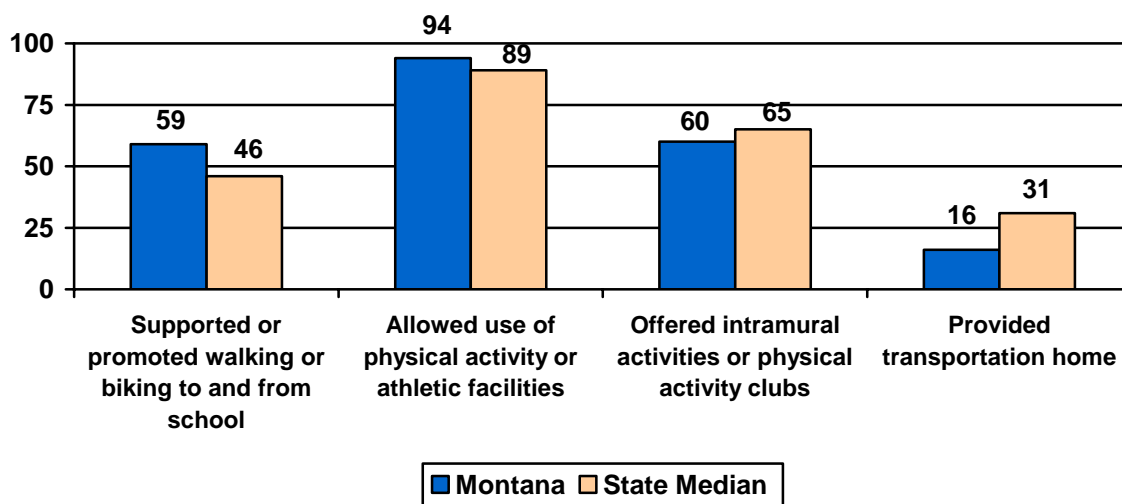


Table 10. Among schools that required a physical education course for students in any of grades 6 through 12, the percentage of schools that allowed students to be exempted from taking a required physical education course for specific reasons is as follows:

Reason for Exemption	Montana	State Median
Religious reasons	28.7	37.1
Long-term physical or medical disability	85.3	79.7
Cognitive disability	23.5	28.1
Enrollment in other courses	10.7	15.2
Participation in school sports	0.7	5.4
Participation in other school activities	2.8	8.9
Participation in community sports activities	1.1	2.0
High physical fitness competency test score	0.7	0.8
Participation in vocational training	1.1	2.5
Participation in community service activities	1.1	1.2
Could not be exempted for certain reasons	88.5	71.3

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

Figure 15. Schools can promote physical activity among students by supporting walking or biking to and from school and by allowing community-sponsored sports teams or physical activity programs to use school facilities outside of school hours or when school is not in session. The percentage of schools that promoted these types of activities is as follows:



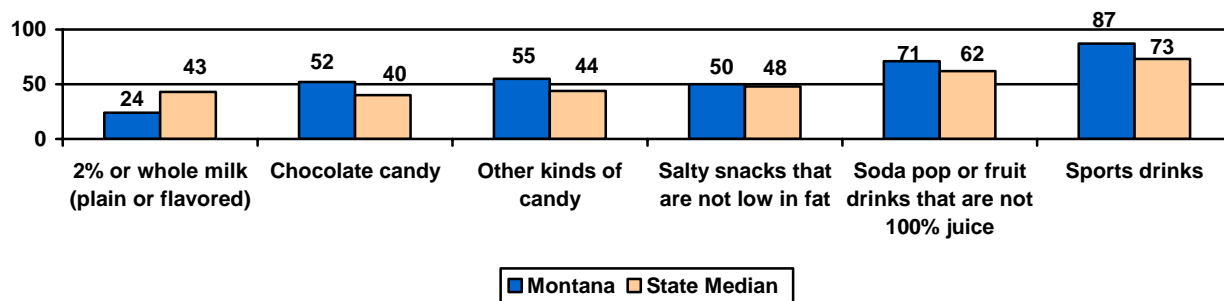
NUTRITION SERVICES

Most schools serve lunch to their students. In Montana, 99.2% of schools served lunch to students (state median: 99.6%), and 85.2% of those Montana schools allow students 20 minutes or more to eat lunch once they were seated (state median: 82.8%).

HEALTHY AND SAFE SCHOOL ENVIRONMENT

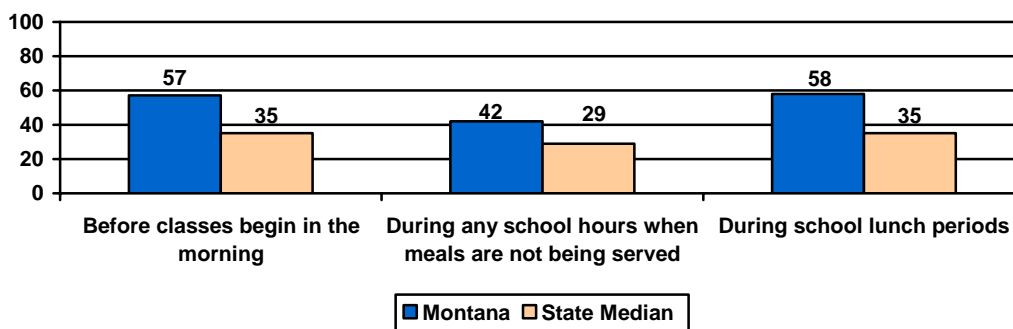
The percentage of all schools that allowed students to purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar ranged from 61.9% to 94.0% across states; 87.3% of Montana schools allow for competitive food purchases.

Figure 19. The percentage of schools that allowed students to purchase less nutrition snack foods and beverages from vending machines or at the school store, canteen, or snack bar is as follows:



HEALTHY AND SAFE SCHOOL ENVIRONMENT

Figure 16. The percentage of schools that allowed students to purchase candy; snacks that are not low in fat; soda pop, sports drinks, or fruit drinks that are not 100% fruit juice; or 2% or whole milk during specific times of the school day are as follows:



In Montana, 18.1% of schools had a policy stating that if food is served at student parties, after-school or extended day programs, or concession stands, fruits or vegetables would be among the foods offered (state median: 17.9%).

VIOLENCE PREVENTION

Table 11. Schools implement measures to ensure the safety and security of students, staff, and visitors. The percentage of schools that implemented specific safety and security measures is as follows:

Safety and Security Measure	Montana	State Median
Required visitors to report to the main office or reception area upon arrival	99.2	99.7
Maintained a "closed campus" where students are not allowed to leave school during the school day, including during lunchtime	43.6	87.4
Used staff or adult volunteers to monitor school halls during and between classes	91.9	91.1
Routinely conducted locker searches	55.4	48.6
Required students to wear school uniforms	0.4	4.0
Required students to wear identification badges	1.7	6.3
Used metal detectors, including wands	2.4	4.2
Used security or surveillance cameras inside or outside the school building	35.5	55.5
Use police, school resource officers, or security guards during the regular school day	35.4	53.8

VIOLENCE PREVENTION

Figure 17. The percentage of schools that had or participated in specific violence prevention programs is noted below:

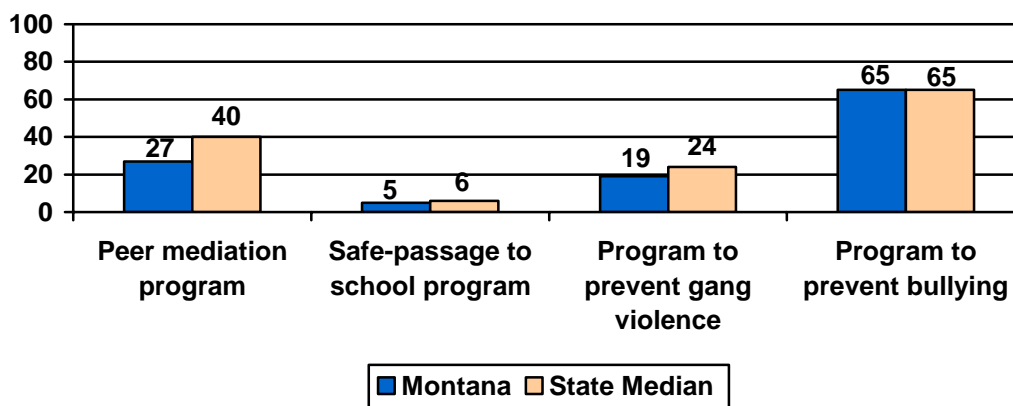
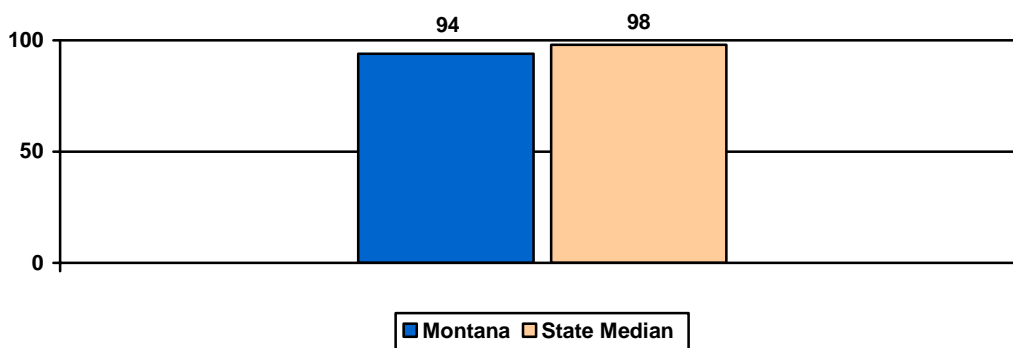


Figure 18. Percentage of schools with a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation.



HEALTH SERVICES

Schools can support student success by providing health services to students. In Montana, 33.8% of schools had a nurse who provided standard health services to students (state median: 13.5%).

Table 12. The percentage of schools where a student would ever be permitted to carry and self – administer specific medications ranged as follows:

Self-administered Medication	Montana	State Median	State Ranges
Prescription quick-relief inhaler	87.6	13.5	3.1 – 59.3
Epinephrine auto-injector (e.g., EpiPen®)	45.5	45.3	23.9 – 64.1
Insulin or other injected medications	46.8	31.0	10.5 – 64.4
Any other prescribed medications	21.7	11.1	2.6 – 45.2
Any over-the-counter medications	33.8	13.5	3.1 – 59.3

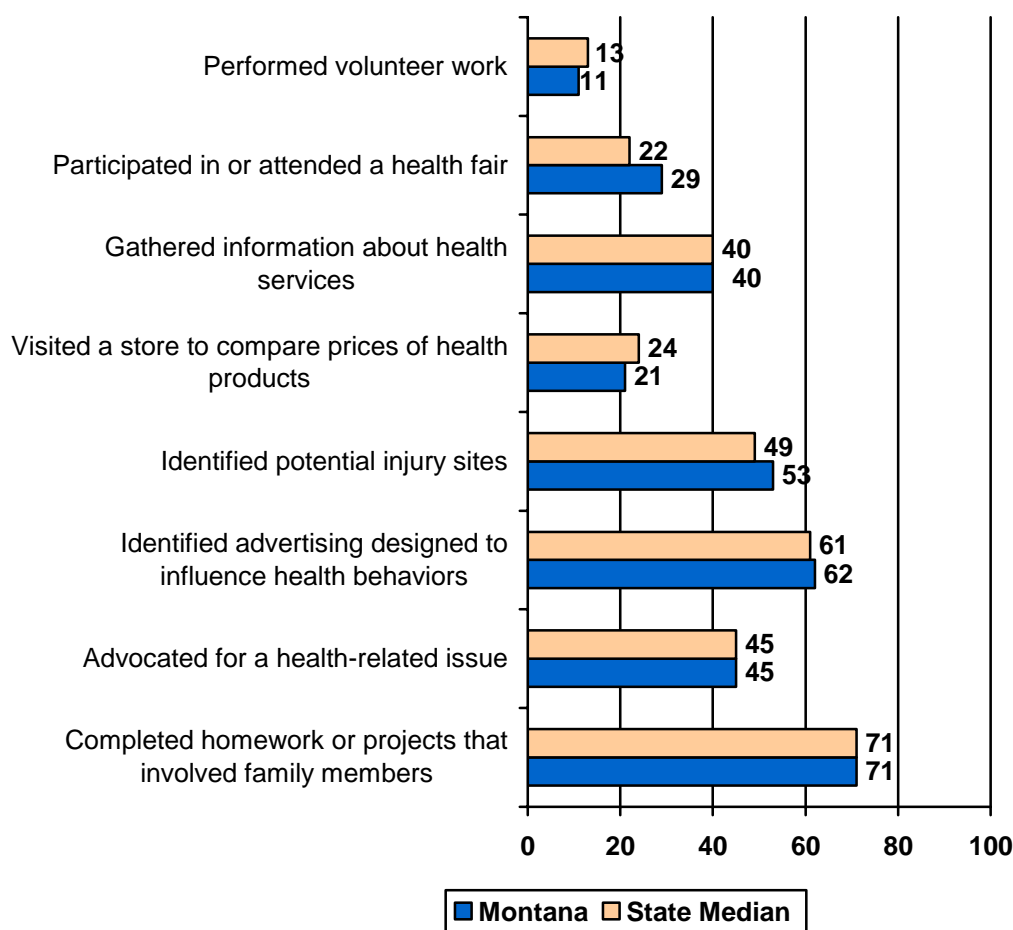
- 61.5% of Montana schools provided **identification or school-based management of chronic health conditions**, such as asthma or diabetes (state median: 74.4%).
- 51.9% of Montana schools provided **identification or school-based management of acute illnesses** (state median: 67.2%)
- 57.3% of Montana schools provided an **asthma action plan or individualized health plan for all students with asthma** (state median: 65.4%).
- 61.8% of Montana schools provided **immunization health services** to students (state median: 49.9%)
- 55.3% of Montana schools provided **assistance with enrolling in Medicaid or SCHIP** services to students (state median: 53.6%)

FAMILY AND COMMUNITY INVOLVEMENT

Table 13. Partnerships between schools, families, and community members are important elements of a school health program. The percentage of schools that had one or more school health councils* and engaged parents and families in specific health education activities are noted below:

School Health Partnerships	Montana	State Median
School health council*	61.1	54.9
Provided families with information on school health education	63.3	66.1
Met with a parents' organization to discuss school health education	13.4	22.3
Invited family members to attend health education classes	24.5	32.4

Figure 19. The percentage of schools that asked students to participate in health-related community activities as part of a required health education course is as follows:



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